PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Attorney Docket No. 108298770US Commissioner for Patents Disclosure No. 2003-0874.00/US P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

	correspondence includir d below or directed oth	or the Patent advance or	ders and notification of i	naintenance tees waspondence address;	and/or	(b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
		ock 1 for any change of address)	pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
25096	7590 04/09	/2007		Cer	tificate	of Mailing or Trans	mission	
PERKINS COI	I he	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
PATENT-SEA	add	ressed to the Mail	Stop I	SSUE FEE address	above, or being facsimile			
P.O. BOX 1247 SEATTLE, WA	98111-1247			10 (371	7273-2003, On the d	(Depositor's name)		
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.	
10/805,872	03/22/2004		John L. Caldwell		1	08298770US	9880	
TITLE OF INVENTION:	: TEST SOCKETS, TES	T SYSTEMS, AND ME	THODS FOR TESTING N	MICROFEATURE I	DEVIC	ES		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE		
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/09/2007	
EXAMINER ART UNIT			CLASS-SUBCLASS]				
HOLLINGTON, JERMELE M 2829			324-757000					
1. Change of corresponde CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the			ı Perki	ns Coie ILP	
	ondence address (or Cha 3/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a						
X "Fee Address" ind	ication (or "Fee Address 2 or more recent) attacl	registered attorney or 2 registered patent att	registered attorney or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)			•	
PLEASE NOTE: Unl recordation as set fort	ess an assignee is iden h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the part of the part o	patent. If an assigr assignment.	iee is id	lentified below, the d	document has been filed for	
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Micron Technology, Inc. Boise, Idaho								
Please check the appropr	iate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🗷 C	orporati	on or other private gr	oup entity Government	
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ease first reapply a	ny prev	iously paid issue fee	shown above)	
Issue Fee			A check is enclosed. Payment by EFT					
	No small entity discount	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5()-0.665 (enclose an extra copy of this form).						
Advance Order -	# of Copies		overpayment, to Dep	osit Account Numb	per 5	1-0665 (enclose	an extra copy of this form).	
5. Change in Entity Sta	s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lo					
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if records of the United St	quired) will not be accepte ates Patent and Trademar	ed from anyone other than k Office.	the applicant; a reg	gistered	attorney or agent; or t	the assignee or other party in	
Authorized Signature		12/2		Date	Jul	y 6,2	007	
Typed or printed nam				Registration		38,264		
This collection of inform	nation is required by 37	CFR 1.311. The informat	ion is required to obtain or	retain a benefit by	the pub	lic which is to file (ar s to complete, includi	nd by the USPTO to process) ing gathering, preparing, and	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Paul T. Parker

Typed or printed name

(206) 359-8000

Requester's telephone number

PTO/SB/47 (04-05)

Approved for use through 04/30/2009. OMB 0651-0016
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM Address to: MS M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 INSTRUCTIONS: Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. When to check the first box below: If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number. When to check the second box below: If a Customer Number representing the fee address has to first be established so it can then be associated with the patent and/or application number(s) you indicate. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: X Customer Number: 26809 Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s). PATENT NUMBER APPLICATION NUMBER 10/805,872 Completed by (check one):

Assignee recorded at Reel Frame Utta Utta Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

38,264

(Reg. No.)

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed.

x .	Total of	1	forms are submitted.

Applicant/Inventor

(Form PTO/SB/96)

Attorney or Agent of record